

Developmental Disabilities Client Outcomes Inventory

DD

1a. Client Record Number

Mark X or 0 in ☐

Mark number or letter in

1b. Unique ID (Required for Willie M. & Thomas S)

1c. Admission Date

mm / dd / yyyy

1d. Date of Last Face to Face Contact

1e. Date DCOI Completed

2a. Facility Code

2b. Report Unit/Cost Center

2c. Project Code

2d. Case Manager/Clinician ID

3a. DCOI Type (Select Code)

1-Initial
2-Update 3-Discharge

3b. Non-Completion Only

1- Client not seen
2- Client refused to participate
3- Inactive
9- Other reason

3c. Discharge Only

1- Achieved Service Goals
2- Left Before Completion
3- Discharged, non-compliant 9- Other

4. Eligibility and Special Populations (Mark all that apply)

- ☐ a. None ☐ e. SSI/SSDI ☐ i. In DSS Custody (Child) ☐ m. Pregnant
☐ b. Work First Recipient ☐ f. SED (Child) ☐ j. Deaf/Hard of Hearing ☐ n. Maternal
☐ c. Medicaid Clients ☐ g. SPMI (Adult) ☐ k. Non-English Speaking ☐ o. Juvenile/ Criminal Justice
☐ d. CAP MR/DD ☐ h. TBI ☐ l. Youth w/ Sexually Aggressive Behavior ☐ p. Communicable Disease Risk (Adults Only)

5. Current Living Arrangement (Select one code from list that best describes place client has lived for > 2 consecutive weeks.)

- 01- Independent (own home, apartment, in dormitory, rooming house, barracks, fraternity house, ship)
 02- Living with parents or relatives
 03- Living alone with supports
 04- Homeless (street, shelter, vehicle)
 05- Correctional facility (in prison, jail, training school, detention ctr.)
 06- Institution (Psychiatric hospital, MR ctr., secure non-medical)
 07- Residential Facility (in halfway house, group home, child caring Institution)
 08- Foster family, alternative family living
 09- Nursing Home (ICF, SNF)
 10- Adult Care Home - 7 or more beds (Rest Home)
 11- Adult Care Home - 6 or fewer beds (Family Care home, DDA Group Home)
 12- Community ICF-MR- 6 or fewer beds
 13- Community ICF-MR- 7 or more beds
 14- Hospital - Medical

6. Hours worked: Enter the number of hours for the average week, in past three months.

- Work First Clients**
 a. Paid Hours c. Work First Paid Hours
 b. Unpaid Hours d. Work First Unpaid Hours

7. Current Employment Status (Enter one code from list that best describes overall employment status)

- 0- Unemployed (seeking work) 6. Not in work force (not avail. for work, in voc. prog.)
 1- Employed full time
 2- Employed part time 7- Armed forces/ National Guard
 3- Not in work force - student
 4- Not in work force- retired 8- Seasonal/ migrant
 5- Not in work force-homemaker 9- Unknown

8. Expanded Employment Descriptors (Mark all that apply)

- ☐ a. Student ☐ g. Retired
☐ b. Unpaid work/ Community Service ☐ h. Unable to work
☐ c. Sheltered Employment ☐ i. Institutionalized
☐ d. Supported/transitional employment ☐ j. Incarcerated
☐ e. Same employer for three months or more ☐ k. Vocational Rehabilitation
☐ f. On the Waiting List for Vocational Supports ☐ l. ADVP
☐ m. Not looking for employment

9. For adults, to what degree does the individual have the opportunity to control personal use of money? (Check one)

- ☐ 1-Total control over personal finances ☐ 2-limited control of daily expenses ☐ 3-has spending money ☐ 4- Access through staff/care giver ☐ 9-none

10a. Is the client currently living in housing arranged/supervised by area program?

(1) Yes ☐ (2) No ☐

10b. Is the client living in the residence of his/her choice?

(1) Yes ☐ (2) No ☐

10c. Is the client living in a setting that maximizes his/her independence?

(1) Yes ☐ (2) No ☐

Client Record Number

Mark X or 0 in ☐Mark number in **Choice**

(4) Total choice; (3) Some Choice; (2) Low Choice; (1) No Choice; (9) N/A

11 To what degree does the individual choose daily activities (personal time and recreation)? 12. To what degree does the individual choose the amount of time spent with family and friends? **Participation and Inclusion**

(4) Full participation; (3) Moderate participation; (2) Low participation; (1) No participation; (9) N/A

13. To what degree is the individual's education provided in an inclusive setting? 14. To what degree does the individual participate in activities attended predominately by community members? 15. To what degree does the individual have reciprocal relationships with friends, family and community members? 16. To what degree does the individual participate in goal and treatment planning? **Current Access to Services**

(4) Need is well met; (3) Need is met; (2) Need is partially met; (1) Need is unmet; (9) N/A

17. Is the individual receiving routine medical care services? ----- 18. Is the individual receiving specialized medical care, if needed? ----- 19. Is the individual receiving outpatient mental health services, if needed? ----- 20. Is the individual receiving inpatient mental health services, if needed? ----- 21. Is the individual receiving assistive technology, equipment, or training, if needed? ----- 22. Is the individual receiving oral/dental services? ----- 23. Is the individual receiving case management services, if needed? ----- **Well Being**

24. According to the individual's report, since the last DCOI, (or for initial DCOI, in last 12 months) has the person or family/guardian expressed concern for the individual's safety in any of the following areas?

a. Physical Harm ----- Yes ☐ (1) No ☐ (2)b. Emotional/Mental Harm ----- Yes ☐ No ☐c. Sexual abuse/exploitation ----- Yes ☐ No ☐d. Money/Possessions Stolen/Exploited ----- Yes ☐ No ☐e. Enviromental Hazards ----- Yes ☐ No ☐f. Risk-taking behavior (unsafe sex, aggressiveness, self-injurious behavior) ----- Yes ☐ No ☐

25. Substance Use (ask all clients) "Since last DCOI have you used... If yes, how often?"

Frequency Codes☐ a. Tobacco Use☐ d. Marijuana or Hashish Use☐ g. Inhalants☐ b. Heavy Alcohol Use
(≥m5(f4) drinks per sitting)☐ e. Cocaine or Crack Use☐ h. NO USE REPORTED☐ c. Regular Alcohol Use
(<m5(f4) drinks per sitting)☐ f. Heroin or Other Opiate Use

0- Not used

1- 1-3 times monthly or less

2- 1-2 times weekly

3- 3-6 times weekly

4- Daily

26. Since the last DCOI, has the individual been involved in the criminal justice system due to his/her alleged criminal activities/behavior (excluding minor traffic violations)?

(1) Yes ☐ (2) No ☐